## Name of Program Address Phone: Fax:

## **Criminal Justice Consent for Release of Confidential Information**

I,	(Name of client)	, _	(Cause Number)	, hereby consent	
to rec	iprocal communication between	Name	e of Court Program	and the following:	
1. 2. 3.	XYZ Court XYZ Probation Department XYZ Prosecutor's Office	4. *5.	XYZ Community Correctment agency)	rections	
attend both i	ourpose and need for disclosure is to illance, progress, and attitude toward representation accordance with the court programmation to be disclosed includes:	ny evalı	ation and required treatr	nent, education or	
<ol> <li>Atte</li> <li>Pro</li> </ol>	essment endance gnosis ults of Drug / Alcohol Screen	6. Se 7. D	<ul><li>5. Progress Notes</li><li>6. Service Contract/Treatment Plan</li><li>7. Discharge/Completion</li><li>*8.</li></ul>		
been above comp	erstand that this consent will remain a formal and effective termination of e referenced case, such as the discont letion of all A & D Program requirer &D Program involvement.	my invoinuation	olvement with the A & D of all court supervision	Program for the upon my successful	
by 42 abuse	erstand that any disclosure made between CFR 2, which is the Code of Federa patient records, and that recipients of the ection with their official duties. I have	l Regula of this in	tions governing confider formation may re-disclos	ntiality of substance se it only in	
(Client	Signature)		(Date)		
(Staff	Witness)		(Parent/Guardian if under	18 or Interpreter if needed)	
(Client	Date of Birth)				
	simile copy of this completed form shall be a lank lines must be filled in or crossed out at				

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